
Book reviews

The Definition of Death: Contemporary Controversies

Edited by Stuart Youngner, Robert Arnold and Renie Schapiro, Baltimore, The Johns Hopkins University Press, 1999, 346 pages, £45.

This is a book that can be highly recommended to all students of medical ethics. The editors have assembled a diverse group of contributors who are all highly respected in the field of death and brain death and whilst there is a distinct North American flavour to most of the articles, there are contributions from other countries including the UK. All forms of brain death (brain stem death, whole brain death and neocortical death) are discussed from a variety of viewpoints but there is an unfortunate tendency to link brain death with organ transplantation. This link is most obvious in the article by Rix about the problems with brain death in Denmark. Although much of the book concentrates on the definition of death (especially in the USA) there is an excellent section on the attitude towards brain death of a variety of mainstream religions, including fundamentalist Christianity. Such discussion is not commonly seen and is a welcome addition to the text.

For readers approaching the topic of brain death for the first time, much of this book seems daunting but a thorough reading will provide an excellent overall view of the debate that has been in progress for some time. The historical development of brain death is well discussed, as is the public attitude to the development of the concept, along with international perspectives covering the USA, Europe and Japan. It ends with a consideration of possible future developments.

Many of the fundamental questions associated with debates on brain death are covered—what constitutes the

death of a person, are the tests for brain death appropriate and has brain death been irrevocably established. The single most important question, ie does brain death of any description actually constitute death or is it merely predictive of death, is also addressed. Answers to questions of this nature, of course, underlie both treatment decisions in a small group of patients and the uses to which the organs of the “deceased” patient may be put (transplantation). This book makes it obvious that there are no simple or easy answers to these questions and the differences of opinion between experts is well demonstrated in the earlier articles.

My only criticism of the book is that the concept of brain death is repeatedly linked with organ donation and transplantation without qualification. Failure to separate these two issues constitutes a fundamental flaw in the development of the concept of brain death. Whilst this link may represent historical actuality, there is no suggestion in any article that such a link should be broken and that the debate about the definition of death should proceed without any reference to organ transplantation.

That criticism apart, this book is an excellent compilation of articles stating the present position in relation to brain death and clearly demonstrates the ethical dilemmas surrounding the concept of death and its determination in practice. It can be wholeheartedly recommended to those interested in brain death from almost any perspective.

TOM RUSSELL

*Department of Clinical Neurosciences,
University of Edinburgh*

Ethics and Values in Psychotherapy

Alan C Tjelveit, London, Routledge, 1999, 336 pages, £17.99.

Ever since Thomas Szasz announced that mental illness was a myth and that psychiatric disorders were in fact moral dilemmas hiding beneath the shirt-tails of medicalisation, psychiatric ethics has been hotly debated, a debate given poignancy in the 1970s by the revelations of the abuse of psychiatry in Soviet Russia. However, discussion of ethical aspects of psychotherapy has lagged behind its psychiatric cousin, and it is mainly the emergence in the past decade or so of psychotherapy as a profession in its own right—and with it the need to develop professional codes of ethics—that has stimulated practitioners and their critics to take psychotherapeutic ethics seriously.

This book is one of the few devoted exclusively to the subject, and it covers a wide range of topics, including questions such as the following. Is psychotherapy a medical technique, or a secular religion masquerading as science? What is the nature of the therapist-patient relationship—friendship, moral guidance or service provider and consumer? Does the therapist have a primary duty to the individual patient, or must she also consider the needs of community and society? Do practitioners have an obligation to consider the efficacy of their treatments, and to know about alternative methods (including antidepressants) which may be more effective in helping their clients? Does the ethical backdrop within a given society change the nature of the therapeutic relationship—would a Muslim woman wanting counselling about an unwanted pregnancy expect a different response from her therapist compared with a Catholic or an atheist? What is the ethical duty of therapists to third party payers such as the National Health Service (NHS) or insurance companies? Do the personal beliefs and values of therapists matter or can they be ethically neutral when face to face with their clients?

Those looking for easy solutions to these questions will be disappointed. Tjelveit's comprehensive and scholarly

volume, much influenced by Taylor's "Ethicist Authenticity", does not provide answers, but, in the true Socratic tradition, offers a thoroughgoing exposition of the different viewpoints and arguments that need to be considered. For example, in his section on therapist values systems and how they may influence therapy, he lists, (in alphabetical order) and gives a short account of, 14 different ethical viewpoints, ranging from casuistry, feminist ethics, through narrative ethics to rationalism, religious perspectives and romanticism. Similarly, in his discussion of ethical pluralism he gives four (he is fond of lists) possible responses, including ethical neutralism (which is what most NHS therapists would probably aspire to) at one end of the spectrum, and a declared ethical stance (for example saying to the client: "this is what I consider to be the characteristics of a good life") at the other.

Despite, or perhaps because of its attempts at comprehensiveness, (and there are some strange omissions from the discussion, most notably the recovered memory debate) this is not an easy book for the practical clinician. There is very little case material, and what there is tends to be rather simplistic. The author is excellent at describing others' theories, but rather reticent when it comes to his own views—in this respect, if no other, like a good therapist. There are occasional lapses: surely Socrates's famous statement that the unexamined life is not worth living cannot simply be transposed into the positive that the examined life *is* worth living (page 284). Many a tortured obsessional would disagree—again the author reveals his clinical naiveté. In the end this is a book more for the philosopher than the psychotherapist, although those running courses on psychotherapeutic ethics may find it a useful sourcebook.

JEREMY HOLMES
North Devon District Hospital,
Barnstaple, Devon

The Troubled Helix: Social and Psychological Implications of the New Human Genetics

Edited by Theresa Marteau and Martin Richards, Cambridge, UK, Cambridge University Press, 1999, 359 pages, £18.95/US\$29.95 (pb).

This excellent compilation of essays covers a broad range of genetic topics and is a must for anyone interested in the ethical, social, legal, and historical perspectives of human genetics. This is not a new edition but a paperback version of the 1996 edition. The book begins with a section on "the voices of family members whose lives have been deeply touched by genetic disease". There are ten very moving accounts of individuals' experiences of a range of different genetic conditions and of genetic testing. These accounts will convince anyone that the issues involved when considering genetic testing are complex; they show clearly why such testing is different from many other medical tests.

In the second section, on the clinical context, there are some very thorough reviews of the literature on research into the theories of genetic counselling and on interpretations of risk. This highlights how little we really know about how decisions are reached in particular areas, such as family planning, prenatal diagnosis and predictive testing in the context of genetic conditions, and also the difficulties of research aimed at improving how we communicate.

The psychosocial aspects of carrier testing and of prenatal diagnosis are considered and the pros and cons of genetic testing of children are discussed in detail, with each of the arguments laid out in a balanced way.

The book's third section considers the social context of the new human genetics.

There is a chapter summarising the legal aspects, for example, the law regarding genetic information and privacy (does genetic information belong to an individual or to the whole family?), a very interesting chapter summarising the eugenic movement, and two equally interesting chapters which consider the public understanding of genetics. The latter demonstrate how the popular perceptions of kinship can be very different from those of geneticists.

At a time when most textbooks on genetics rapidly become out of date, this book has aged very well. The authors admit they have changed very little text for the paperback edition and that most is the original 1996 version. Although there have of course been major developments in the field of genetics in this time, there have been very few fundamental changes to the clinical practice of genetics and the arguments surrounding the implications remain as valid today as they

were in 1996. The book is highly recommended for both general readers and specialists.

ANNEKE LUCASSEN
Consultant in Clinical Genetics and Honorary
Senior Lecturer, University of Oxford
and Imperial Cancer Research Fund

General Practice and Ethics: Uncertainty and Responsibility

Edited by Christopher Dowrick and Lucy Frith, London, Routledge, 1999, 196 pages, £14.99.

This book approaches its subject in two parts. Part I considers themes and principles relating to ethical decision making in general practice. The themes are those of uncertainty, responsibility (the problems of divided responsibility between the individual patient and the wider community), evidence-based medicine, patient-centredness and postmodernity. The "four principles" approach to ethics is discussed and ethico-legal problems are considered. Part II intends to relate these themes to four topics: prescribing, depression, advance directives and research in general practice. Except in the first chapter of Part II, on prescribing, by Colin Bradley, there is in fact little relationship between the principles and themes of the first part of the book and the consideration of topics in the second. However, the book does not claim to present a coherent approach to the subject but to be a series of discrete essays by different authors on related themes.

Some unifying themes emerge in part I of the book. Those of the subtitle are explored mainly by Christopher Dowling in the initial chapter and he has an interesting analysis of the kinds of strategies general practitioners (GPs) adopt—consciously and subconsciously—to minimise the stress dealing with uncertainty might cause. One strategy is that of shifting responsibility for decision making onto the patient under the guise of "patient-centredness". However, being patient-centred does not mean giving out antibiotics over the phone to a patient who asks for them for a sore throat, as Dowling suggests. That seems to me more like consumerism. I don't know how helpful most GPs will find Dowling's suggested methods for resolving the problems created by uncertainty: using probability theory, decision analysis, and the "weighted

average principle". The approach of sensible clinical judgment, exemplified in the resolution of his clinical example, seems to me to be simpler and safer.

The theme of patient-centredness is taken up again in chapter five, but I would have expected in this book to have had more discussion of other ways of seeing the doctor-patient relationship and specifically for there to have been more questioning of the current orthodoxy of patient-centredness. There may have been a shift away from an old kind of paternalism but the suggestion that it is possible for a doctor to achieve "whole person" understanding is also paternalistic.

The best two chapters of the book are an intelligent and balanced critique of evidence-based medicine by Lucy Frith and an account of ethical-legal dilemmas in general practice by Len Doyal. Doyal considers the specific problems of applying the principles of respect for autonomy and confidentiality within the context of general practice and these problems are given a detailed exposition here. This chapter, along with that by Lucy Frith, would form a good basis for general practitioner trainer-registrar tutorials on these subjects.

Doyal's chapter is an exception to one problem with much of the book: that there is not sufficient emphasis on what is distinctive for GPs about the problems discussed. This is particularly so in the chapters on confidentiality and postmodernity. I also find it difficult to understand why the editors chose advance directives as one of their four topic areas in Part II as this does not sit easily in a book on GP ethics. This problem is balanced by the fact that the book is largely written by practising GPs, and the examples they give help to cut through some of the theorising which may be impenetrable to most GPs.

Disappointingly, there is no mention of the reorganisation of the National Health Service (NHS) which has introduced a new collective working environment for GPs in the form of primary care groups (PCGs). New ethical problems may develop in this context relating to constraints imposed by PCG budgets and divided loyalties between the GP's own practice and the wider population served by the PCG. Other members of the primary health care team are hardly mentioned, and there was a need, in particular, to consider the issue of the

increasing autonomy of practice nurses and the issue of nurse prescribing.

This book will not, therefore, appeal to non-GPs in primary care, but it will certainly be of use to GPs and I would recommend practice libraries to buy a copy. It is of most use at the postgraduate level, for trainers and registrars, and may be helpful in forming the focus for tutorials on the subjects raised.

JANE MACNAUGHTON

Director, Centre for Arts and Humanities in Health and Medicine, University of Durham

Biology and the Foundation of Ethics

Edited by Jane Maienschein and Michael Ruse, Cambridge, Cambridge University Press, 1999, 336 pages, £45.00, US\$64.95 (hc); £15.95, US\$19.95 (sc).

Is evolutionary ethics going to be to the new millennium what virtue ethics has been to the eighties and early nineties? If the rash of books on the subject is anything to go by, the answer has to be "yes". This is not, however, to claim that the subject is novel. Although many point to Edward Wilson's work in the seventies as heralding the dawn of a new focus in ethics, the claim that ethics can be grounded in our biological nature was fully explored by Aristotle and, as contributors to this collection attest, by many other philosophers and biologists in the intervening period.

Despite the back-cover promise that "the book asks, for example, whether humans are innately selfish and whether there are particular facets of human nature that bear directly on social practices" the enquiring reader will be disappointed if she expects a thorough discussion of these interesting areas. The majority of the volume's articles are concerned with detailing historical attempts to root the phenomena of morality, apparently peculiar to humans, in alleged facts about human nature, with only the final two—"The case against evolutionary ethics" and "Biology and value theory"—fully participating in the contemporary debate. From the collection, three papers in particular raise issues that may be of interest to readers of this journal.

In his chapter, "The moral status of animals", Michael Bradie introduces, at the conclusion of his largely exegeti-

cal treatment of the discussions prevalent among eighteenth century philosophers, the "thorny issue" of the treatment of animals. Appealing to a version of the "slippery slope" argument, he declares that our inability to appeal to either "cognitive considerations ... or to the capacity to suffer ... to mark a sharp distinction between humans and the brutes" means that if animal experimentation is permissible, then experimentation on human fetuses and suitably defective humans should be similarly permissible. This conclusion finds further support in the work of Richards (discussed by Woolcock in "The case against evolutionary ethics") who argues, by appeal to an essentialist account of human nature, that those who lack certain features are not human beings "in the full sense".

The debate in Woolcock's paper concerns whether theorists who maintain that an evolutionary ethics can support an "altruism guarantee"—ie the commonly held intuition that humans are altruistic by nature—are justified in their claims. Woolcock's conclusion is that the theories discussed fail in their attempts, and that as a result normative ethics remains largely unaffected by evolutionary biology. Interestingly he does not argue from the perspective that morality appeals to some objective truth. Instead he claims that morality gains the illusion of objectivity "because, as rational agents, we rapidly learn that only certain kinds of reasons are acceptable when offered publicly as justifications for our actions". At most, he says, our moral point of view is genetically inherited insofar as we are inherently disposed to sociability. On this view, then, arguments about the morality of a particular course of action are, despite the illusion, nothing more than will-power contests: the winner is the one who persuades enough others to accept his or her point of view. That rampant egoism does not exist has, on Woolcock's view, nothing to do with innate altruism and everything to do with our capacity to reason: if you can't beat them, join them.

Paul and Falk's paper, "Scientific responsibility and political context", is an excellent discussion of the moral status of the scientists engaged in "normal research" activities in Germany under the Third Reich. As well as discussing the morality of individual cases, the paper raises pertinent questions about the moral responsibilities with which scientists are (often unwittingly)

tingly) burdened. In their concluding remarks, Paul and Falk suggest that a grave moral question—mark looms over scientists who argue that they are “accountable only for the quality of their ‘pure’ research” and ignore the morality of the interests their research serves. As Woolcock argues, even if morality is an illusion, rational game-theory requires that we at least pay lip-service to the moral consensus.

ANDREW S LEGGETT

Department of Philosophy, University of Reading

Moral Problems in Medicine: A Practical Coursebook

Michael Palmer, Cambridge, Lutterworth Press, 1999, 190 pages, £14.15 (sc).

Moral Problems in Medicine is based on Michael Palmer's earlier, well-received, book, *Moral Problems*. The new book retains much of the structure of the earlier volume and the majority of its philosophical component. But whereas the earlier text was a course in applied philosophy covering such topics as warfare, crime and punishment and civil disobedience in addition to topics in medical ethics such as abortion and euthanasia, *Moral Problems in Medicine* focuses entirely on medicine.

The text is primarily intended to be of interest to health care professionals, medical students and to those who teach them but is also aimed at the newcomer to medical ethics and would be suitable too for the general reader with an interest in the ethical issues raised by modern medicine.

Following an introductory chapter on “What is ethics?” the rest of the book is divided into four sections, each of which begins with an account of “an ethical theory”: egoism, utilitarianism, Kantian ethics and the determinism/free will debate. Each account is supported by exercises, selections of original text, and criticism of the theory in question and ends with some essay questions and a bibliography. The second part of each section follows a similar pattern but focuses on a particular moral problem in medicine through the presentation of original texts. The topics covered include: abortion; euthanasia; human and animal experimentation; truth-telling; autonomy and paternalism, and genetic determinism. These sec-

tions again finish with a series of essay questions and a bibliography.

Whilst the book is of great value as an educational resource it does have one or two weaknesses. Though the book is marketed under the title of *Moral Problems in Medicine*, the retention of the philosophical component of the earlier book gives it the feel of a course on moral theory taught through the use of medical examples rather than of a practical course in medical ethics. The book is driven by the philosophy rather than by the medicine. Some students will find this a stimulating approach but there will be those who will find it difficult to see the relevance of the course to their practice. For these students it would need to be supplemented by discussion of relevant cases and of their own clinical experience. Whilst the book is practical (there are lots of very good and effective exercises and activities) it is not practical in the sense that many involved in the teaching of medical ethics would recognise.

In his introduction to the book Michael Palmer explains that the book is not intended to be comprehensive either of ethical theory or of contemporary problems in medical ethics. He is right to do so and his straightforward and very accessible structure, moving as it does from egoism, to utilitarianism, to Kant and so on works extremely well and makes the material both interesting and useful. That being said, there are inevitably one or two areas—to do with inclusion and exclusion—where many would disagree. Palmer says he would have liked to include Marxist and Christian ethics. I didn't feel that the book was weakened greatly by their exclusion, given its overall aims. Nevertheless, I felt the exclusion of other mainstream approaches to medical ethics, such as narrative, virtue, communitarian and feminist approaches and, perhaps most surprisingly given the medical target audience, principlism, did rather narrow the educational range of the text.

Despite these reservations, I found *Moral Problems in Medicine* a very useful and interesting sourcebook and a resource which I will definitely use in my teaching with medical students at some point, in combination with other resources. As the influence of the medical ethics core curriculum, published in the *Journal of Medical Ethics* in 1998,¹ continues to grow there will be an increasing need for good quality, educational materials in this field. Whilst there is a great deal of the core curriculum which this book does not

cover I would recommend it as a part of the armoury of those who teach medical ethics.

Reference

- 1 Consensus statement by teachers of medical ethics and law in UK medical schools. Teaching medical ethics and law within medical education: a model for the UK core curriculum. *Journal of Medical Ethics* 1998;24:188-92.

MICHAEL PARKER
ETHOX. The Oxford Centre for Ethics and Communication in Healthcare Practice, University of Oxford

Health Care, Ethics and Insurance

Edited by Tom Sorrell, London, Routledge, 1998, 234 pages, £15.99 (pb)

The interface of health care and insurance requires not just the medical, legal and financial perspectives, but a clear ethical analysis. A varied team of contributors ranging from experts in philosophy, law, medicine and ethics to actuarial science, underwriting and insurance have contributed a series of essays. The book is divided into two parts. The first deals with ethical issues raised in underwriting. These deal with genetics, HIV and disability, as well as with the ethics of underwriting itself. Part two covers the thorny issue of whether insurance should be provided by the public or private sectors or some combination. The important issues of social and private health insurance, access to health care, insurance, pensions and long term care provision are explored.

As a “starter for ten” in the area of health care and insurance the variety of contributor and perspective certainly opens up the issues in a clear and helpful way. The essays (apart from the first two) stand alone and allow the reader to select and to follow his/her interest. The downside is that there is too little of a consistent thread through the argument, some inevitable repetition of argument, which is not always helpful or flagged up, and too little engagement with the nitty-gritty of the ethical positions and principles at the heart of the debate.

The book provides an excellent resource, but it is better on the range of issues than the depth of analysis and critique.

DRE DAVID COOK
Director of the Whitefield Institute and Fellow and Chaplain of Green College, Oxford

Promoting Safe and Effective Genetic Testing in the United States. Final Report of the Task Force on Genetic Testing

Edited by Neil A Holtzmann and Michael S Watson, Baltimore, John Hopkins University Press, 1998, 186 pages, £23.00 (pb)

This volume represents the conclusions of a multidisciplinary task force established by the US National Institutes of Health and Department of Energy working groups on the ethics, legal and social implications of human genome research. It ranges across the provision of genetic testing in the USA by commercial, not-for-profit and publicly funded agencies and it seeks to establish guiding principles and make recommendations for the development of safe and effective tests and their application in ways in which are helpful and that do not compromise the rights of patients and/or their families.

For anyone interested in the development of genetic testing this book is a bit like the telephone directory—logical, comprehensive, laid out in a clear and rational way and ultimately dull. Given that much of the data it presents is drawn from retrospective surveys of existing practice, parts of it are inevitably going to be out of date as well. But this should not undermine the usefulness of the text as a helpful bringing together of sources in one place that covers issues previously discussed elsewhere in a more disjointed fashion. It also provides a useful compilation for those more used to considering issues in the context either of the UK's National Health Service, (NHS) or of health care systems of other European Union member states. Interesting comparisons can be drawn between this book and the reports of, for example, the UK's Advisory Committee on Genetic Testing, or the opinions of the European Group on Ethics in Science and the New Technologies.

Of particular interest is the discussion of the role of biotechnology companies as providers of genetic testing services and of the role of commercial factors in driving what does and does not get developed as a test and to whom it is made available as a result.

This is timely, given discussions currently underway in the Department of Health, which aim to predict the likely future need for laboratory testing services in the area of DNA diagnostics for the NHS. It is also salutary for those of us who cling to the rhetoric of a health service that is equitable and needs-based and which respects the hopes of patients with rare conditions as well as those with more common ones. It is salutary too for those who hope that recent advances in the scientific understanding of the contribution of genetics to health and disease will deliver tangible benefit for them and not just a healthy bottom line to the companies which own the technology. It is to be hoped that close reading of the US experience will provide a stimulus to the development in the UK and Europe of quality standards which measure all aspects of service delivery and set those in the context of integrated care pathways which bring together all the stakeholders in a balanced partnership that takes account of the full range of user needs.

All in all a useful publication which is timely and to be welcomed.

ALASTAIR KENT
Director, Genetic Interest Group, London

Confessions of a Medicine Man: an Essay in Popular Philosophy

Alfred I Tauber, Cambridge, Mass, The MIT Press, 1999, 159 + xviii pages, £17.50 (hb).

Tauber's book outlines a philosophy of medicine that sees an ethos of caring as the central imperative of a doctor. Three broad claims are defended in the text. First, Tauber is sceptical of conceptions of medicine that treat physicians as primarily scientists or the agents of profit-makers or administrators. For such conceptions fail to consider the patient as a whole or his/her personalised suffering as demanding empathy.

Second, he criticises conceptions of medical ethics that emphasise personal autonomy. After a brief account of how, he thinks, the ideal of autonomy was invented and developed in Western thought, Tauber questions the significance of autonomy in medicine. Because of the complexity of medical problems and uncertainty of

favourable results, patients often lack the means to make autonomous decisions and this means that the doctor-patient relationship cannot be one of equality. In contrast to autonomy-based ethics that stress patient self sufficiency but which, in fact, Tauber argues, lead to patient isolation, he outlines a relational ideal in which the physician is primarily an authoritative healer who the patient trusts and to whom he surrenders his autonomy to a degree.

The third important theme that runs throughout the book concerns the foundational significance of Tauber's relational ethic. First, he claims that his approach to ethics, once fully developed, can be extended to deal with the full range of moral problems that clinicians face. Second, he argues that medical schools should place this philosophy at the heart of a medical training such that other values, such as scientific detachment, can be seen to be subordinate to the need for doctors to heal the ill.

As Tauber describes in the introduction, these claims emerge from, and are intermingled with, an account of recent US medical history, personal anecdotes, and a brief survey of the notion of selfhood in Western thought. The anecdotes often illustrate his views nicely, and the critical appraisal of a dehumanised medical market in American is instructive. Less persuasive are his account of selfhood in moral philosophy and medicine, and his objections to autonomy-based medical ethics. The notion of selfhood is multiply ambiguous connoting for example, character, personal identity, or the relationship between different individuals. Tauber proceeds without clearly distinguishing the different questions various conceptions of selfhood are answering. At times this leaves the reader perplexed as to the point of the discussion. In addition, the contrast between autonomy-based and so-called relational medical ethics is perhaps a little crude. The book would have benefited from a detailed analysis of one or two autonomy-based conceptions. I, for one, doubt that a plausible account of autonomy would emphasise notions of self sufficiency and the separation of the individual from the community, upon which Tauber's principal worries about the view rest. Indeed, many would claim that autonomy-based ethics are themselves, in part, relational ideals that are compatible with a fiduciary role for doctors. Finally, one might doubt that the relationship

between physician and patient is the proper foundational focus of medical ethics. Issues concerning the kinds of need that should be met by the health service, or the rationing of medical resources, seem to be problems of justice which cannot adequately be addressed by appeal merely to an ethos of care.

MATTHEW CLAYTON
Department of Government
Brunel University

Genes and Morality: New Essays

Edited by Veikko Launis, Juhani Pietarinen and Juha Raikka, Amsterdam, Atlanta, Rodopi, 1999, 199 pages, US\$36.

As developments in contemporary genetics continue, so books on the ethics of genetic research and its applications appear with increasing frequency. The problem is that while genetic research itself daily produces the most interesting new developments, once the ethics of genetics has been reasonably delineated, as it has by now, there is increasingly little new to say. This means that many "new" books on the subject are in fact really only re-statements of what has already been said. This is precisely where *Genes and Morality* stands. That is not to say that it is not a good book. It is authoritative, easy to read, and pleasantly jargon-free, but it covers the familiar ground of genetic screening, privacy of genetic information, genetic health and disease, patenting, the human genome project, and so on. This is a disparate collection of essays, and the fact that it is a compilation of papers presented at a meeting means that it suffers from a lack of coherence. One always wishes one had had the opportunity to hear the discussion that took place after presentation of the papers.

The book is also rather odd in that the first part, some 50 pages, is devoted to four authors criticising the arguments and ideas put forward by John Harris in his book, *Wonderwoman and Superman*. John Harris has been a pioneer in the field of the theoretical aspects of genetic bioethics. His liberal conclusions are not accepted by all, but he is so well regarded that this critique is judged to be justified. Nevertheless, these fifty pages do assume prior knowledge of Harris's books in order to make sense of what

is being argued. On the other hand, these chapters do introduce the methodological concepts and theoretical issues central to genetics. Once again, however, the themes are familiar: when does a human become a human being, abortion, and consequentialist and utilitarian principles. Towards the end of the book there is a unique contribution by Christoph Rehmann-Sutter: an intriguing exploration of Mary Shelley's story of Dr Frankenstein, and what various film and stage producers have subsequently made of it, and an analysis of its relevance to modern biotechnology. The book is worth getting just for this.

MARY SELLER
Professor of Developmental Genetics,
Division of Medical and Molecular Genetics
GKT, Guy's Hospital, London SE1 9RT

Abortion in the Developing World

Edited by Axel I Mundigo and Cynthia Indriso, London and New York, Zed Books, 1999, 498 pages, UK £49.95, US \$69.95.

Induced abortion is one of the oldest methods used to end a pregnancy and has been practised in almost all societies. It is clear to social scientists that pregnancy as a social condition is different from pregnancy as a physical condition, but this is not always taken into account by other disciplines. Reasons for abortion are multifaceted and complex, and to understand these it is important to look at more than just the biological aspects of terminating a pregnancy.

According to World Health Organisation (WHO) reports, 40 to 60 million abortions currently take place in the world every year. Despite large costs and efforts to prevent these, policies to introduce safer alternatives have been ineffective. There are indications that the number of induced abortions is actually increasing, particularly in the developing world. The majority of operations are performed illegally, often leading to complications and deaths of women. The costs in terms of human suffering are incalculable.

Abortion in the Developing World was funded by the WHO to discover why, in spite of the serious risks involved, women still resort to abortion even in those countries where adequate family planning services provide contraceptive facilities. The book also aims to

understand how abortion and contraception behaviour are related. It provides a cross-cultural forum for women to explain the motivations behind their decisions. As the editors put it: "abortion issues have been the subject of intensive debate among men: legal scholars, moralists, men of religion and politicians. The voices of women have been drowned in this loud debate despite the fact that it is women whose bodies, psyche, health and life are directly concerned". Gaining knowledge of women's views and needs is of course paramount, however these should be understood in their fuller social and cultural context, ie the degree of involvement of men and the wider kin network in decision making should be taken into consideration. Only three of the case studies include men, and it is interesting to see that in these, women either echoed men's decisions or had consulted closely with them.

Several important common issues emerge from the studies: legalising abortions has reduced the health risks, but has not reduced their total number; the relationship between abortion and contraception continues to be poorly understood; abortion is not only the resort of unmarried women, the poor, and young adolescents girls, a considerable number of married women also use it as a means of regulating fertility. The specific problems of increasing adolescent pregnancy are given a chapter of their own. Most importantly, it emerges that the decision about how to handle an unwanted pregnancy is not taken lightly by women and there is an "agonising moral and ethical dilemma that women face in deciding how to handle an unwanted pregnancy". The service providers, especially those working illegally, also describe the major moral and ethical dilemma they face when confronted by the abject misery and the bleak future awaiting women who seek abortion if they do not receive help. The book explores these dilemmas, and questions whether abortion should be viewed/treated as a health matter, or as one of ideology (moral, religious, etc).

Abortion in the Developing World is commendable in its in-depth, cross-cultural treatment of the subject (it takes case studies from 16 different countries) and its strong policy recommendations. However, coverage of the conservative Muslim Middle East and North Africa is needed to complement the abundant studies from conservative Catholic countries. Various funda-

mentalist Muslim countries (for example Yemen, Iran, Saudi Arabia) have interpreted Islam differently for the purposes of population and abortion policies, and studies from these countries would have given a more comprehensive perspective on the range of abortion issues in the developing world.

The book concludes that “women are not passive agents in their reproductive destiny”, and that in the absence of adequate services they use whatever strategies and resources are available, and are prepared to risk their lives to gain control of their fertility. It provides a deep insight into why women seek abortion. Overall, the book is a welcome and valuable addition to the field.

SORAYA TREMAYNE

*Institute of Social and Cultural Anthropology
University of Oxford*

Beyond Regulation. Ethics in Human Subject Research

Edited by Nancy M P King, Gail E Henderson and Jane Stein, Chapel Hill, The University of North Carolina Press, 1999, 279 pages, US\$ 39.95, (hc) US\$18.95 (sc).

This book challenges traditional approaches to research ethics based on moral principles and advocates a new, relationship-based paradigm for research ethics. The book begins with an explanation of the editors’ reservations about the principalist approach pervading current regulations governing research. The editors’ concerns are three-fold. First, they cite the continuing errors and abuse of human subjects of research in America despite federal regulations. Secondly, they argue that American regulations, grounded in the principles of autonomy, beneficence and justice, should not be applied in all cultures. Finally, the editors argue that regulation is not the answer to all ethical

questions concerning human subject research. In contrast with traditional approaches, the relationships paradigm emphasises relationships, interactions, power, responsibility and contextual and historical considerations in examining moral issues.

This book has a case-plus-commentaries approach. Six cases, from different disciplines and with different research methods, are selected to illustrate the relationships paradigm. The first case is one in which an anthropologist had to sign a contract with community representatives before he could engage in ethnographic research. The following commentaries discuss the implications of such a contract on the researcher-community relationship and whether it undermines academic freedom. The second case is about “community research” on people at risk of HIV/AIDS in order to assess and enlist cooperation for future HIV vaccine trials. But how can a community be defined? What should be the role of a community advisory board? Who should be on it? The third case is concerned with corporate sponsorship of research on infant feeding, focusing on issues of bias and potential conflicts of interest. The fourth case is about research on induced abortion in Argentina, where terminations of pregnancy are illegal except where the life of the mother is at risk or where the pregnancy has resulted from a rape. The research described in the case wishes to address whether the fear of the illegality of abortion leads to delays in obtaining treatment for the complications of abortion. Because the study focuses on illicit behaviour, it presents ethical questions concerning recruitment of participants, what information to provide regarding the research, how information should be gathered and prevention of harm to participants. The fifth case concerns research on child abuse, in which commentators discuss ethical dilemmas concerning confidentiality v duty to inform, and the universality of concepts of child abuse and different national regulations regarding disclo-

sure of abuse. Case six is a case of emergency medicine research where the general requirements for informed consent are waived, being replaced by “consultation with representatives of the communities from which the subjects will be drawn”. Commentators on the case express numerous reservations about this approach, with particular focus on the problem of identifying valid representatives, and the power imbalance between potential participants, researcher and funders. All the case discussions include some discussion of whether and how a relationships paradigm may be useful in the consideration of ethical dilemmas raised by these examples.

This book clearly illustrates the importance of a relationship-based perspective to research ethics as a necessary complement to the principalist paradigm. The editors go further, in saying that the relationships paradigm is normative in its own right and is independent of principlism. I am not convinced by this position. Relationships are important but they have to be considered within a framework of principles. As Ruth Macklin eloquently states in her keynote essay “Is ethics universal?”, which appears in the first half of the book, principles are not just about procedures and application of rules, for example as laid down by institutional review boards or research ethics committees. Certain moral principles are universal, transcending national boundaries, traditions and local custom. They provide an essential framework of moral analysis, even when the focus is on relationships and the context of that research.

The case-plus-commentaries approach works well in illustrating issues and dilemmas because the cases provide concrete examples on which arguments are based. I would recommend this book to social science and biomedical science researchers and general readers with an interest in research ethics.

JOSEPHINE WONG,

*Department of Psychiatry,
University of Hong Kong*